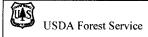


MODIFICATION OF GRANT OR AGREEMENT					PAGE	OF PAGES	
					1	2	
			OPERATOR GRANT or 3. MODIFICATION NUMBER:				
10-FI-11051755-032 AGREEMENT NO				001			
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (mit name, street, city, state, and zip + 4):  PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):							
GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): Tahoe National Forest			Tahoe National Forest				
			631 Coyote Street				
631 Coyote Street			Nevada City, CA 95959				
Nevada City, CA 95959 6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip +			7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS				
4, county):			payment use only):				
Ophir Hill Fire Protection District			te r				
•	Hwy PO Box 940				•		
Cedar Ridge, CA 95924							
Telephone: 530-273-8351 FAX: 530-273-0453							
8. PURPOSE OF MODIFICATION							
CHECK ALL							
THAT APPLY:	referenced in item no. 1, above.						
$\boxtimes$	CHANGE IN PERFORMANCE PERIOD: 04/15/2012 through 04/15/2013						
	CHANGE IN FUNDING:						
$\boxtimes$	ADMINISTRATIVE CHANGES: Change FS Administrative Contact to: John V. Hefner, Grants Management Specialist,						
<u> </u>	05 Coyole St., Nevada City, CX 75757. Totoprone. 330 770						
OTHER (Specify type of modification):							
Except as provided herein, all terms and conditions of the Grant/Agreement referenced in 1, above, remain unchanged and in full							
force and effect.							
9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed): Annual Operating Plan for 2012 is the same and will remain in effect through 04/15/2013							
10. ATTACHED DOCUMENTATION (Check all that apply):							
	Revised Scope of Work						
Revised Financial Plan							
Other:							
11. SIGNATURES							
AUTHORIZED REPRESENTATIVE: BY SIGNATURE BELOW, THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICIAL REPRESENTATIVES OF							
THEIR RESPECTIVE PARTIES AND AUTHORIZED TO ACT IN THEIR RESPECTIVE AREAS FOR MATTERS RELATED TO THE ABOVE-REFERENCED							
GRANT/AGREEMENT							
11.A. Ophir Pill Fire	Protection District SIGNATURE	H.B. DATE	H.C. U.S. FOREST SERVICE SIGNA	TURE		11.D. DATE SIGNED	
		SIGNED				J 1	
Kolt Karty 3/19/12		/ on sum	_		3/30/2-		
(Signature of Signatory Official)		(Signature of Signatory Official)					
11.E. NAME (type or print): ROBB ROTHENBERGER			11.F. NAME (type or print): TOM QUINN				
11.G. TITLE (type or print): Fire Chief			11.H. TITLE (type or print): Forest Supervisor				
12. G&A REVIEW							
12.A. The authority and format of this modification have been reviewed and approved for signature by:						B. DATE INED	
TILE	Lie T. Herralte			12	18/10		
KELLIE L. HAMILTON, R5							
U.S. Forest Service Grants & Agreements Specialist							



## Burden Statement

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